

# Guide to Your Retiree Benefits 2016



CITY OF KNOXVILLE

*It's my health!*

“As Director of Parks and Recreation, one of my challenges is trying to provide a variety of recreational opportunities to such a diverse community. I love this job, and I also love playing sports and getting to exercise; so I really appreciate the My Health program, that encourages me to stay healthy, just like I try to encourage the people in Knoxville to get out and stay active through using our parks, greenways and many other recreation programs.”

*Joe Walsh  
Director of Parks and  
Recreation*

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# 2016 Plan Changes

Since the City developed the My Health incentive program, our employees and retirees have dedicated themselves to leading healthier and more vibrant lifestyles. Your commitment to this program continues to have positive results for the City, its employees, retirees and their families, with the lowest rate increase in many years—3.3%.

## **Medical Plan Changes:**

While you will not see any changes to the medical benefits themselves, there will be a change in providers to Network S. The University of Tennessee Medical Center (UTMC) will no longer be participating in Network S effective March 1, 2016. It's possible your provider may have privileges at another facility. Take this time during annual enrollment to check with your doctors, so that you can make informed decisions about your 2016 elections.

## **Prescription Drugs:**

There are no changes to the Prescription Drug plan copay amounts. However, our prescription drug vendor may make changes to the formulary drug list, which may affect where your drugs fall on the copay list. If anything changes, they

# Changing Your Benefits

Generally, you cannot change your benefit elections during the year unless you experience a life event. Life events include but are not limited to:

- Change in retiree's legal marital status: marriage, divorce, death of spouse
- Change in number of dependents: birth, adoption, placement for adoption, death of dependent
- Change in dependent's employment status: termination, commencement of employment, coverage of dependent, loss or gain of benefit eligibility of dependent
- Dependent eligibility changes: dependent is newly or no longer eligible (i.e., reached age 26)
- Material benefit change of retiree or dependent, including dependent's annual enrollment
- Dependents gain or lose eligibility for Medicaid or SCHIP coverage

# Annual Enrollment Checklist

- Review materials
- Complete the 2016 Medicare Affidavit (whether changing benefits or not)
- Complete the 2016 Retiree Annual Enrollment form (if changing current elections)
- Mail forms to Employee Benefits at: 400 Main Street, Room 566

Knoxville, TN 37902

Call us at 865.215.2111 or email [CityBenefits@knoxvilletn.gov](mailto:CityBenefits@knoxvilletn.gov) if you have any questions.

# Who is eligible for coverage?

## Retiree:

As a retiree, you are eligible to stay on the City's medical plan if you are not eligible for Medicare due to age or disability. You may continue coverage with the City's plan until you become eligible for Medicare. Every year you'll be asked to verify your and your dependent's Medicare eligibility with the City's Medicare Affidavit.

## Spouse and/or Children:

Dependents **cannot** be enrolled in retiree coverage if they are eligible for Medicare, due to either age or disability. Additionally, all dependents on the City's medical insurance plan must meet the following dependent definition:

- The employee's current legal spouse or qualified same or opposite gender domestic partner, excluding a common-law spouse.
- A dependent child, up to age 26, who is the employee's or employee's spouse's or qualified domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the employee or employee's spouse is the legal guardian or legal custodian, or a child of the employee, employee's spouse or qualified domestic partner for whom a Qualified Medical Child Support Order has been issued.
- An incapacitated child of the employee, employee's spouse or qualified domestic partner.
- Dependents who permanently reside outside the United States are not eligible for coverage.
- The plan's determination of eligibility under the terms of this provision shall be conclusive. The plan reserves the right to require proof of eligibility, including but not limited to a certified copy of any Qualified Medical Child Support Order, birth certificate, and/or proof of court-granted legal guardianship, legal custody and/or legal adoption.

**REMEMBER: When adding a dependent to your plan, make sure you explore all available options, as the City's retiree coverage may not be the most economical for every family. If you have questions on other available options, please contact Employee Benefits at 865.215.2111.**

# How does Medicare affect eligibility?

## Retiree:

Once you are eligible for Medicare, you are no longer eligible for the City's retiree coverage. You will need to meet with a Medicare Specialist to determine if you need an advantage or supplemental plan, or to apply for Part A and B.

## Spouse and/or Children:

If you become eligible for Medicare first, then your dependents will need to find other coverage, either by accepting the 36 months of COBRA through the City or researching individual coverage on the Marketplace.

If your dependents reach Medicare eligibility before you do, they will need to seek coverage through Medicare and possibly an Advantage or Supplement Plan. The Employee Benefits Department has contacts that can help you research coverage options so please call us for more information.

# Medical

The City offers medical coverage to retirees and your eligible family members that are not eligible for Medicare. It's administered by BlueCross BlueShield of Tennessee (BCBST). Upon retirement, you have three choices to make:

## 1. Your network

BCBST offers a choice of two networks:

- **Network S**— Effective 3/1/16, University of Tennessee Medical Center (UTMC) will no longer be participating in this Network.
- **Network P**—98% of Knox County doctors and all area hospitals participate

To see if your doctor participates in either network, check the provider directory at [www.bcbst.com](http://www.bcbst.com) or call BlueCross Customer Service at 1-800-565-9140. Remember, you have to use BCBST network providers to get in-network benefits. It's important to make sure you take an active role in ensuring the providers you see are in the network, including providers you are referred to for follow-up visits from providers seen in an emergency situation.

## 2. Your deductible

- **\$500 deductible option**
- **\$1,000 deductible option**

Both options cover the same services and have the same coinsurance. The difference will be in—

- Amount of Deductible
- Coverage of Emergency room visits
- Monthly Premiums

## 3. My Health or Medical Only

- **My Health plan**—This option combines medical and prescription drug coverage (as described on pages 6, 10 and 11) along with a variety of rewards for committing to a health-conscious life style. See pages 7-8 for details.
- **Medical Only**—This option provides medical and prescription drug coverage only (as described on pages 6, 10 and 11).

## Health Tools

### BCBST:

#### Physicians Now (formerly MDLive): 1-888-632-2738

Connect with a doctor via the phone or the internet 24/7, for only a \$38 fee.

#### BlueAccess: [www.bcbst.com](http://www.bcbst.com)

BCBST's BlueAccess website gives you access to a variety of personalized information. Log in to:

- View claims history
- View and print explanations of benefits (EOBs), which can be forwarded to WageWorks to substantiate debit card purchases using your HRA
- Search for providers
- Complete and submit your monthly physical activity affidavit (PAA)

You can also download the BlueCross BlueShield app, called **myBlueTN**, available for both iOS and Android.

#### OptumRx: [www.optumrx.com](http://www.optumrx.com)

Log in to:

- View claims history
- Research drug pricing
- Find pharmacy locations

There is also an app available for download, where you can manage your prescriptions from your mobile device. For drug tiers, go to [www.cityofknoxvillerox.com](http://www.cityofknoxvillerox.com)

#### Wage Works: [www.wageworks.com](http://www.wageworks.com)

The free WageWorks EZ Receipt app has recently been updated to now include history. Also on the app, you can:

- Submit health care claims – for quick reimbursement
- Submit health care card receipts – to verify your card transactions, as required by the IRS

## 2016 Medical options...at a glance

	\$500 deductible option		\$1,000 deductible option	
	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
<b>You pay...</b>				
Annual deductible	\$500/individual \$1,000/family	\$1,000/individual \$2,000/family	\$1,000/individual \$2,000/family	\$2,000/individual \$4,000/family
<b>Then the plan pays...</b>				
Physician office visits	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Hospital care				
Most other services				
Preventive care	100%; no deductible <sup>2</sup>		100%; no deductible <sup>2</sup>	
Emergency care	100% after \$150 copay <sup>3</sup>		80% after deductible	
<b>Until you reach...</b>				
Annual out-of-pocket maximum <sup>4</sup>	\$2,500/individual \$5,000/family	\$7,500/individual \$15,000/family	\$2,500/individual \$5,000/family	\$7,500/individual \$15,000/family

<sup>1</sup>Out-of-network benefits are based on maximum allowable charges (MAC). You're responsible for the charges that exceed the MAC. You're also responsible for obtaining the required prior authorization for services if you use an out-of-network provider.

<sup>2</sup>Limits for certain services may apply. See preventive benefits described below.

<sup>3</sup>Some services and procedures may be subject to the deductible and coinsurance, like MRIs.

<sup>4</sup>Once you reach the annual out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the plan year. The medical out-of-pocket maximum includes amounts paid toward the deductible, ER copays where applicable, and prescription drug copays.

## 2016 Medical Rates

As a retiree, you pay 65% of the premium while the City pays the other 35%. Below are the monthly Retiree rates for My Health and Medical Only coverage:

<b>My Health</b>	\$500	\$500	\$1,000	\$1,000
	Network S	Network P	Network S	Network P
Retiree Only	\$322.44	\$351.46	\$298.55	\$325.43
Retiree + Spouse	\$741.62	\$808.35	\$686.68	\$748.47
Retiree + Child(ren)	\$590.06	\$643.17	\$546.34	\$595.53
Retiree + Family	\$967.32	\$1,054.38	\$895.66	\$976.27

<b>Medical Only</b>	\$500	\$500	\$1,000	\$1,000
	Network S	Network P	Network S	Network P
Retiree Only	\$348.96	\$380.37	\$323.11	\$352.19
Retiree + Spouse	\$802.61	\$874.84	\$743.16	\$810.04
Retiree + Child(ren)	\$638.60	\$696.07	\$591.29	\$644.51
Retiree + Family	\$1,046.88	\$1,141.10	\$969.34	\$1,056.57

# My Health Rewards

When you enroll in My Health and maintain all program requirements, you receive the following rewards:

- 1. Lower medical premiums.**
- 2. Free or reduced prescription drug copays for chronic condition preventive medications. See page 10.**
- 3. Free testing supplies for those with chronic conditions:** peak flow meter (asthma and COPD), blood pressure cuff (hypertension), diabetes monitor, lancets and test strips (diabetes).
- 4. RHRA Dollars from the City.** An RHRA is a Health Care Reimbursement Account for Retirees set up by the City to help you pay for certain expenses that insurance doesn't cover — things like your annual deductible, coinsurance, prescription drug copays, and dental and vision care for you and your covered family members. The chart below outlines how much you will receive. See page 9 for information about spending your RHRA dollars for you and your eligible tax dependents.

If you:	You receive in RHRA dollars: <sup>1</sup>
Participate in the My Health plan	<b>\$32/month or \$384/year</b> (Retiree only) <b>\$64/month or \$768/year</b> (Retiree + one or more Dependents) <sup>1</sup>
<b>Additionally, if you:</b>	
Or your covered dependent participates in the City's prenatal program (must enroll by the 10th week of pregnancy)	<b>\$200 upon delivery of baby</b>

<sup>1</sup>Dependents must also maintain plan requirements as described on the next page.

## Preventive Benefits

Both the My Health and Medical Only options cover preventive services at 100%—no deductible or copay required—when you use network providers. This means you pay nothing for services recommended by the US Preventive Services Task Force like:

- Annual well woman exam (including screening and counseling for HIV and domestic violence, counseling for sexually transmitted infections and pregnancy prevention)
- High risk HPV testing beginning at age 30 (every three years)
- Contraceptive methods and sterilization procedures including tubal ligations and vasectomies
- Gestational diabetes screening if high risk for diabetes
- Generic prescription and over-the-counter contraceptives
- Lactation support and counseling
- Age appropriate health screenings (e.g., cholesterol, blood pressure, colorectal cancer, depression, diabetes, obesity, osteoporosis)
- Preventive care and screenings for infants and children
- Preventive care and screenings for women (e.g., breast cancer screening, cervical cancer screening)

- Preventive care and screenings for men (e.g., PSA test)
- Immunizations for adults and children
- Flu and pneumonia shots
- Annual exams (including x-rays and labs)
- Vision and hearing screenings (as part of an annual exam)

**Exception:** A preventive care service must be billed by the provider as preventive care to assure 100% coverage. If a preventive service is billed separately from an office visit, you may be required to share in the cost of the office visit. For example, if you seek a preventive service such as an annual well-woman exam (Pap) or well-man exam (PSA test) and also receive some other kind of treatment (such as care for a sinus infection), cost sharing may apply to your office visit. In other words, the preventive portion of the visit will be covered at 100%, and the illness portion may be covered with applicable cost sharing.

The City encourages you to have health screenings and immunizations at appropriate times and frequency, based on your age, gender, personal and family health history, and other special needs.

# My Health requirements:

To receive My Health rewards, you (and your spouse or your qualified domestic partner, if enrolled) must maintain all of the requirements described below. If you miss a requirement, you will be mailed a postcard reminder. If you do not become current on requirements, you will receive a second strike postcard giving you 7 days to contact The Center or Employee Benefits to take steps towards compliancy. If you continue to be noncompliant, you will be removed from My Health and will be placed into the equivalent Medical Only plan.

The good news is that it's easy to get back into the program and receive the rewards of a health-conscious lifestyle! If you want to be placed back into My Health, please contact Employee Benefits and we will guide you through the process to make sure you meet the requirements listed below. You will need to complete at least two consecutive months of Physical Activity Affidavits and be current on all other requirements before completing a form to re-enroll.

<p><b>Complete the COK annual health screening</b></p>	<p>You must schedule and complete your health screening at The Center every year. You (and your spouse or qualified domestic partner, if covered) must have received a health screening at The Center within the previous 12 months for your My Health election to go into effect.</p>
<p><b>Stay physically active</b>  <small>Note: Physically active means any activity that increases your heart rate. If you have medical limitations, contact The Center staff, who can approve an appropriate physical activity program</small></p>	<p>You (and your covered spouse or qualified domestic partner) must commit to be physically active at least 60 minutes/week (with at least three sessions lasting a minimum of 10 minutes each) and submit an affidavit by the 10th of each month tracking your activity.</p>
<p><b>Complete quarterly health education</b></p>	<p>Employees and covered spouses or qualified domestic partners will be required to complete a quarterly education requirement. This can be fulfilled by reviewing CDs, DVDs, approved websites, approved TV shows and written materials available from The Center, Employee Benefits and Safety Building, as well as attending quarterly education classes taught by health coaches. and special guests</p> <p>NOTE: This requirement must be completed by the individual My Health member only. If it is determined that your education documents were not completed exclusively by you, you will be immediately removed from My Health without notice.</p>
<p><b>Actively manage any chronic health conditions</b></p>	<p>If you have one or more of the following chronic conditions, you (and your covered spouse or qualified domestic partner) must participate in The Center's health coach program: asthma, chronic obesity, congestive heart failure, COPD, coronary artery disease, diabetes, hyperlipidemia and hypertension.</p>
<p><b>Seek an annual well-care visit for your covered children</b></p>	<p>You must provide documentation that each of your covered children under age 26 had an annual well-care visit through his or her own physician within the previous 12 months.</p>
<p><b>Participate in The Center's health coach program if you use tobacco</b></p>	<p>If you use any form of tobacco (cigarettes, cigars, pipes, chewing tobacco or other tobacco product), you must participate in The Center's health coach program. Tobacco cessation drugs are provided at no cost.</p>
<p><b>Participate in the City's prenatal program, if applicable (optional)</b></p>	<p>If you or your covered dependent become pregnant in 2016, you may enroll in the City's prenatal program by the 10th week of pregnancy and receive an HRA contribution upon delivery of the baby.</p>

We are committed to helping you achieve your best health. If you think you might be unable to meet a requirement for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by a different means. We will work with you (and if you wish, with your doctor) to find a wellness requirement that is right for you in light of your health status.

# Medical...continued

## Your HRA dollars

Upon retirement, your HRA account was converted into a RHRA, which is simply an HRA you can use during retirement. Please understand that this was a new account and cannot pay for any claims prior to retirement. So make sure you submit any outstanding claims prior to your retirement.

## Spending your RHRA dollars

You can use the RHRA dollars you earn by participating in My Health to pay for many non-covered medical, pharmacy, dental and vision expenses incurred by you and your eligible dependents. This includes deductibles, copays, coinsurance and certain other health care expenses you pay out of your own pocket. However, not all health care expenses are eligible. For a full list of eligible expenses, visit [www.wageworks.com](http://www.wageworks.com).

If you don't spend all your RHRA dollars during the year, they roll over to the next year and are available to you while you have retiree coverage, and even up to a year afterwards to help you pay Medicare premiums.

You have three ways to spend your RHRA dollars. You can:

1. **Use your WageWorks debit card.\*** It contains your RHRA balance and works like cash at any vendor that accepts health care debit cards.
2. **Pay online.** Log onto your RHRA account at [www.wageworks.com](http://www.wageworks.com) and use the Pay My Provider or Pay Me Back features.
3. **File a claim.** Pay the expense as you normally would. Then submit your receipts, along with a WageWorks claim form via mail (to the address on the form), email, fax or electronically through the app.

\* If you're new to the My Health/RHRA program, you'll receive a WageWorks debit card in the mail after enrollment. If you already have a WageWorks debit card, check the expiration date. If it is not set to expire, your 2016 HRA dollars will automatically be loaded on it and you can continue to use the card in 2016. **Do not use your WageWorks debit card after December 31, 2015 for 2015 expenses.**

If you are covering a Domestic Partner, s/he must be your tax dependent in order to use your RHRA dollars for their healthcare expenses. Children under age 26 do not have to be a tax dependent.

## Your WageWorks debit card

1. Your WageWorks card works like a debit card, but when you swipe your card at the checkout, you must choose "credit."
2. Keep your receipts and explanations of benefits (EOBs) in case you are asked by WageWorks to substantiate a purchase. This is especially important if you use your debit card at a provider's office.

The IRS requires substantiation to prove that funds have been used toward eligible expenses. Acceptable substantiation includes a detailed receipt or other proof of service and cost, such as an EOB. The receipt must contain the provider's name and address, name of the person receiving the service, date and cost of the service, and service details. You can print EOBs for your covered services from BCBST's website ([www.bcbst.com](http://www.bcbst.com)). Credit card receipts generally do not provide enough information to substantiate a purchase. The top portion of your monthly WageWorks statement will let you know if you need to substantiate a purchase. Look for the code: CUV (card use verification).

3. You can register online at [www.wageworks.com](http://www.wageworks.com).

Once registered, you can:

- View your monthly statements online
- Check your account balance(s) and track account activity
- Request WageWorks to pay providers directly or reimburse you from your account
- View a list of eligible expenses
- See if you need to substantiate any purchases

**NOTE:** If you lose your card, call WageWorks immediately to report your missing card and order a new one. Or, you can order a new one online at [www.wageworks.com](http://www.wageworks.com)

**IMPORTANT:** To get reimbursed for a 2015 expense in 2016, you must submit a paper/fax/email claim or use the Pay Me Back or Pay My Provider features at [www.wageworks.com](http://www.wageworks.com).

# Prescription drugs

When you enroll in the City’s Retiree medical plan, you automatically receive prescription drug coverage, which is administered by OptumRx. Remember, there is a separate ID card for pharmacy. So make sure to use your BCBST card at the doctor’s office and the OptumRx card only at the pharmacy.

You have three ways to purchase prescription drugs:

- At a network retail pharmacy
- Through the home delivery program
- At participating 90 day at retail pharmacies (you may purchase up to a 90-day supply at these designated pharmacies if your prescription drug does not have quantity limits)

## Prescription drug benefits...at a glance

	My Health Preventive Drug List <sup>1</sup>	My Health <sup>2</sup> (non-preventive medicines)	Medical Only <sup>2</sup> All medicines
<b>You pay...</b>			
<b>Level 1</b> (preferred generics)	\$0.00	\$5.00	\$5.00
<b>Level 2</b> (non-preferred generics)	\$5.00	\$10.00	\$10.00
<b>Level 3</b> (preferred brand)	\$10.00	\$20.00	\$30.00
<b>Level 4</b> (non-preferred brand)	\$20.00	\$40.00	\$60.00
<b>Level 5</b> (specialty)	\$40.00	\$80.00	\$100.00
90 day at retail locations can be filled at <b>2.5 times</b> the copay 90 at mail will continue to be filled at <b>2 times</b> the copay			

<sup>1</sup>You must be enrolled in the My Health plan to receive drugs on the preventive list at reduced copays. Weight loss medications are covered at 50% and are only covered for My Health members. <sup>2</sup>You can access the Preventive drug list which is included on the City of Knoxville Drug List on [www.cityofknoxvillerox.com](http://www.cityofknoxvillerox.com) to find out the level of your drug.

All Level 5 Specialty Drugs must be dispensed by the OptumRx Specialty Pharmacy.

## Prescription drug rules

The City’s prescription drug plan has certain rules that may affect your benefits.

### Generics vs. brand name

If you request a brand name drug when a generic is available, you will pay the Level 1 or 2 generic copay plus the cost difference between the brand name and generic drug.

### Step therapy program

The step therapy program encourages you to try first-line or generic drugs before “stepping up” to more expensive “step-two” or brand name drugs for certain conditions. For example, if your provider prescribes Lunesta and you haven’t taken it before, the pharmacist will not fill the prescription until you have tried a generic alternative.

If the generic alternative doesn’t work for you, you can step up to the brand name drug.

### Prior Authorizations

The Prior Authorization (PA) program is a cost-savings feature to make sure the medication is being used is appropriate. The program is designed to prevent the prescribing of a certain drug that may not be the best choice for the condition. Check the City of Knoxville Drug List to see if your drug is listed with a PA.

If you are a new user of this drug, you will need to allow time for your doctor to submit information to the pharmacy vendor for approval.

For more information, please visit [www.cityofknoxvillerox.com](http://www.cityofknoxvillerox.com)

### **Quantity Level Limits (QL)**

Some drugs may have a limit on the amount you can receive. Based on FDA guidelines, the purpose is to reduce risk of overdose and unwanted drug reactions. If your doctor prescribes you more than the QL, they will need to contact our pharmacy vendor for approval.

### **Schedule 2 narcotics program**

If your doctor prescribes a schedule 2 narcotic, such as Oxycontin, Oxycodone, Fentanyl or Opana, and your prescription exceeds a 60-day supply, prior authorization is required. Your doctor must be in your BCBST network and the prescription considered medically necessary by the plan.

### **Over-the-counter (OTC) program**

The OTC program requires that if you take certain prescription drugs when an OTC alternative is available, your coverage will be reduced from the normal copay to 50% of the drug's cost. For example, Prilosec has an OTC alternative called omeprazole that may be as effective. And the full cost of omeprazole may be less than 50% of the cost of Prilosec.

### **Over-the-counter medications**

Over-the-counter medications — such as aspirin, antihistamines and heartburn medications can't be reimbursed under the RHRA unless you provide a doctor's prescription.

My Health

## **The Center**

The City's Health, Education & Wellness Center (The Center) provides free wellness services and health screenings — as well as health coaching for those with chronic conditions — for retirees, their spouses and dependents age 18+ who are covered under the City's medical plan.

The Center also provides covered retirees, spouses and dependent children ages 13 and up with treatment for acute (short-term) illnesses for \$25/visit. This copay is reduced to \$5/visit for retirees and dependents who enroll in My Health. You can pay for acute care with cash, check, credit/debit card or use your WageWorks debit card.

The Center and its staff are subject to confidentiality rules that apply to all medical providers. Care you receive at The Center does not replace treatment provided by your personal physician(s).

However, The Center's staff can assist you in researching publicly available information about your condition, treatment options, medications and other self-care information.

To schedule an appointment, call The Center at 865.215.6150.

**Reminder:** To enroll in My Health, you and your covered spouse must complete an annual health screening at The Center, report your physical activity, complete quarterly education, and any other applicable requirements as outlined on page 8.



# Important contacts

Benefit/Vendor	Website	Phone
<b>General questions</b>		
Employee Benefits	<a href="http://www.knoxvilletn.gov/benefits">www.knoxvilletn.gov/benefits</a>	865.215.2111
<b>Medical</b>		
BlueCross BlueShield of Tennessee	<a href="http://www.bcbst.com">www.bcbst.com</a>	1.800.565.9140
<b>Health screening, coaching, acute care</b>		
Summit Medical Group at The Center	N/A	865.215.6150
<b>Prescription drugs</b>		
OptumRx	<a href="http://www.optumrx.com">www.optumrx.com</a> <a href="http://www.cityofknoxvillerrx.com">www.cityofknoxvillerrx.com</a>	1.800.797.9791
<b>Pension</b>		
Pension Board	<a href="http://www.knoxvillepensionboard.org">www.knoxvillepensionboard.org</a>	865.215.1444
<b>Deferred Comp</b>		
Prudential Jessica Coleman	<a href="http://www.prudential.com/view/page/public/11996">www.prudential.com/view/page/public/11996</a>	1.800.992.4472 865.314.2109
<b>Voluntary Benefits</b>		
BeneSync		1.888.808.1664 x3298



*This brochure provides highlights of the City of Knoxville’s benefits program. It is not intended to include all of the benefit plan details. Complete details about how the plans work are included in the summary plan descriptions and plan documents, which are available on request. If there are any inconsistencies between this brochure and the official plan documents, the plan documents will govern. The City reserves the right to change or end any of the plans at any time. This document does not constitute a contract or offer of employment.*